

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09602508

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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49						
50						
TOTAL IND.					2	
TOTAL DEP.					38	
TOTAL CLAIMS					40	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						X
59						X
60						X
61						2
62						2
63						2
64						2
65						X
66						X
67						X
68						1
69						1
70						1
71						1
72						1
73						1
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						